

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-1813.M2

December 13, 2002

Re: Medical Dispute Resolution
MDR #: M2-03-0132-01
IRO Certificate No.: IRO 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Trained and Board Qualified in Physical Medicine/Rehabilitation.

Clinical History:

This female claimant was injured on her job on ___, resulting in lumbar pain. She underwent surgical intervention with a poor outcome. There is a suggestion that she may have had radiculopathy, but this is not well documented. There is no evidence of paraplegia or other severe neurological loss. Her difficulty with walking and use of a walker appears to be predominately related to pain. Neurological examination is documented in the office notes on 02/27/02, which support no evidence of clear-cut neurological loss.

Disputed Services:

Powered wheelchair.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that a powered wheelchair is not medically necessary in this case.

Rationale for Decision:

There is no clear-cut neurological loss in this case, which would be severe enough to support the need for a powered wheelchair.

There is no documentation supporting why this patient cannot propel herself in a manual wheelchair. There is no documentation regarding rehabilitative efforts in improving this patient's overall functional capabilities. Some patients may at times require a scooter or less involved device for mobility, but that has not been requested in this case.

I am ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on December 13, 2002.

Sincerely,